

12-30-04

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 12/05/2005 Albert P. Sharpe, III, Esq. Fay, Sharpe, Fagan, Minnich & McKee, LLP 1100 Superior Avenue, 7th Floor Cleveland, OH 44114-2518				Fee(s) Transmittal. T papers. Each addition have its own certifica Express Mai Co I hereby certify that of States Postal Service addressed to the Ma	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Express Mailing Label No. EV 690737549 US Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				Iris E.	Weber 1	(Depositor's name)	
				Que	od aliker	(Signature)	
				December	29, 2005	(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED IN		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/919,085	09/919.085 07/31/2001		Robert R. Buckley		D/A0828	2472	
TITLE OF INVENTION: IN	1AGE QUALITY PROCES	SING OF A COME	KESSED IN				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	03/06/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
DANG,	2627		382-243000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	(print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of	lata will app	ear on the patent. If an assig	nee is identified below, the d	locument has been filed for 00072 240037 0991908	
(A) NAME OF ASSIGNEE (B)				01/03/2006 AKELECH2 00000072 240037 09919085) RESIDENCE: (CITY and STATE OR COUNTRY) 01 FC:1501 1400.00 DA			
Xerox Corporation			Stamford, Connecticut 02 FC:1504 300.00 DA				
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the p	oatent): 🗖 Individual 🛛 (Corporation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:		. Payment of				
X Issue Fee			A check	in the amount of the fee(s) is e	nclosed.		
No sublication Fee (No s	mall entity discount permitte	ed)	•	by credit card. Form PTO-203			
Advance Order - # of	Copies		The Dire Deposit Acc	ector is hereby authorized by ount Number 24-0037	charge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form).	
5. Change in Entity Status	(from status indicated above	e)					
	MALL ENTITY status. See			cant is no longer claiming SMA			
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Authorized Signature	for for	2		DateI	December 29, 2005		

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